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EDITED BY

DAVID W. YANDELL, M. D.
Prof. of the Science and Art of Surgery and Clinical Surgery, University of Louisville,

AND

THEOPHILUS PARVIN, M. D., LL.D.
Late Professor of the Medical and Surgical Diseases of Women, University of Louisville.

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THE AMERICAN PRACTITIONER.

AUGUST, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

TREATMENT OF CHOLERA INFANTUM.

BY LEVIN J. WOOLLEN, M. D.

By *cholera infantum* I mean the disease described under this name by Condie and other of the older authors. Some recent writers on diseases of children treat it under three heads—viz., cholera infantum as resembling Asiatic cholera, entero-colitis, and inflammatory diarrhea—but every physician of experience knows that a case of what is generally termed cholera infantum before convalescing may pass through all three of these conditions.

Irritability of the stomach, the little patient almost immediately vomiting whatever is swallowed, is usually the first and one of the most important symptoms. How is it to be treated? Rest for the stomach is of the greatest importance. A tea-spoonful of ice-water may be given every few minutes; and the only medicine advisable is one sixth to one fourth of a grain of calomel, which may be given mixed with a little sugar and sprinkled upon the tongue every half hour or

hour. Sinapisms should be applied to the abdomen and to the extremities. I believe the vomiting will be controlled in nearly every case by these means. Milk should not be given to a child with cholera infantum, especially if there is much vomiting, and this rule is equally imperative whether the child be weaned or not. Instead of milk, it may have the white-of-egg mixture or barley-water or oatmeal gruel. Sometimes prepared gelatine is useful; but no single article of diet agrees in all cases, and the practitioner only learns by a trial of one and another as to that which is best adapted for a particular case. After the acute symptoms have subsided fresh cream diluted with water may be given; and as the patient gets better the mother may again give it the breast, if not weaned.

Our attention will next be turned to the diarrhea which probably has preceded the gastric disturbance and still persists. The mercurial already given has produced a change in the color of the discharges, they having become slightly green or dark. Sugar of lead should now be given, from one fourth to one grain at a dose.

It often happens that almost at the onset of the disease, or else after it has continued for a greater or less time, symptoms of approaching collapse are manifested. The child has obstinate vomiting with large and frequent stools; the surface is cool and the countenance pinched and shrunken; there is intense thirst, the patient drinking cold water with great avidity, and almost immediately vomiting it. Here again the treatment previously mentioned, small quantities of ice-water frequently given, fractional doses of calomel, and the application of sinapisms, and in addition injections of brandy and water with a little laudanum, the quantity proportioned to the age. When the vomiting ceases sugar of lead should be given.

If entero-colitis occurs, I usually give the sugar of lead in combination with pepsin, or else simply with gum-arabic,

alternating the remedy with pepsin and bismuth. Undoubtedly children bear much larger doses of lead than some of our authorities teach, and the agent may be continued for weeks without causing lead-colic. Carbolic acid and glycerine and water may be used with benefit as an injection; although soon ejected, yet its retention should be secured as long as possible by pressure against the anus. When the disease becomes chronic—the fever subsided, the patient emaciated and suffering with large, thin, colorless stools—tannin may be added to the lead with good results.

In the latter stages of the disease we seek by suitable nourishment to keep up the patient's strength until cool weather shall complete the cure. Whatever is nourishing, and after a cautious trial has been found to agree well with the patient, may be allowed; but, as a rule, milk, especially in the early stages of the disease, will be found to aggravate most cases, and should positively be prohibited.

Attention should be paid to the condition of the gums. A few years ago nearly every physician made a practice of scarifying the gums when swollen in this disease. Of late years many physicians doubt the propriety of cutting the gums, and some good modern books on the diseases of children advise against the practice. I suspect that many of those who oppose scarification of the gums have not been accustomed to pursuing that line of practice themselves or of witnessing it in others. I hold that no one is a competent judge of the matter who does not know from actual experience and observation what to expect from such practice. I have scarified frequently in infants, and have never regretted doing so in any case. Few physicians perform this little operation in a proper and thorough manner. Many are content with making an incision along the line of the gum immediately over the tooth. In some cases the gum will heal, and the cicatrix left after this operation causes the tooth to be longer in making its appearance than if there had been

no incision. Then again others make a crucial incision over the crown of the tooth, which is an improvement on the first method, but will not answer in all cases. After the crucial incision is made it will be necessary to pass the point of the knife down between the gum and tooth, and press the gum away from the tooth.

In some children, especially those born of consumptive parents, the brain is very liable to become affected, constituting that incurable form of disease known as *tubercular meningitis.* Occasionally the children of healthy parents may be attacked with meningitis during the progress of cholera infantum. In some cases there is a peculiar, sharp, piercing scream uttered by the child before the supervention of convulsions; in others the convulsions may be the first warning that the physician has of the occurrence of brain-lesion. However this may be, the case will, as a rule, prove fatal, and but little can be done by treatment. To moderate the force of the convulsive actions of the body the inhalation of chloroform will be useful. If the case do not rapidly prove fatal, an effort at cure should be made, and for this purpose I know of no remedy superior to iodide of potassium. I have seen one case recover under the use of this drug after repeated convulsions had occurred.

I have not alluded to the importance of fresh air in the management of this disease. It is so universally known that pure, fresh air is an indispensable adjunct in the treatment of cholera infantum that I have considered it superfluous to urge its importance.

VEVAY, IND.

GALLIC ACID IN THE TREATMENT OF ALBUMINURIA FOLLOWING SCARLATINA.*

BY J. T. JAMESON, M. D.

I wish to call attention to the use of gallic acid in the treatment of albuminuria as a sequel to scarlet fever, with which in a few cases I have met with marked success. My experience with the remedy has been as follows:

In my first case, occurring in a boy aged about twelve years, the symptoms were very severe. There was œdema of the face and lower extremities, but no effusion into the thoracic or abdominal cavities; violent headache; blindness there had been four or five strong epileptiform convulsions; urine was scanty and contained blood, resembling exactly water in which fresh beef had been washed, and coagulating about one half on testing with heat and nitric acid. To relieve the cerebral symptoms, a blister was applied to the neck, sinapisms to the extremities and lumbar region, cold to the head, and two or three doses of a mercurial with bitartrate of potassa. This was followed by iodide of potassium and a tea-spoonful of a saturated solution of gallic acid every two hours. The acid was given in this manner for five days and nights in succession, the patient rapidly improving under its use, and the urine becoming more copious and less bloody. It was continued for twenty-two days, only at longer intervals, and at that date the urine when tested manifested the slightest possible trace of albumen, although the boy at this time was around the house and apparently perfectly recovered, having been so for a number of days. The tinct. ferri chloridi was given in small doses, and completed the cure.

My second case occurred in a girl about six years of age. The eruption was very livid and the skin had desquamated.

* Abstract of a paper read before the Chenango County Medical Society, N. Y.

The child recovered well from the fever, and was about the house. She went into a cold room to play with other children, and a day or two after the face became œdematous; there was pain in the head; slight fever; urine quite bloody, and on testing in the usual manner presented considerable coagulation. The patient was put upon a saturated solution of gallic acid, a tea-spoonful every two hours. In seven days the urine was free from albumen and copious in quantity, and the child seemed well, with the exception of debility, for which the muriated tincture of iron was prescribed. About ten days after this, in consequence of fresh exposure to cold, there was a slight relapse, the urine becoming again bloody and the face puffed; but on resuming the gallic acid for a few days these symptoms speedily subsided and the recovery became permanent. In this case the gallic acid was administered unaccompanied by any other medicine, except an occasional dose of castor-oil to regulate the action of the bowels.

Remarks.—The treatment hitherto generally adopted in this affection has been that of acting derivatively on the bowels by means of mercurials, followed by such diuretics as digitalis, sweet spirits of niter, acetate of potash, etc.; but if future experience should confirm the efficiency of gallic acid, I can not but think we shall possess a remedy superior to any of the above. The gallic acid, if I understand its action aright, enters the blood unchanged, and unchanged is carried directly to the congested and inflamed capillaries of the secernent portion of the kidneys, acting as an astringent and tonic upon them, promoting their contraction, and thus arresting the exudation of red blood-corpuscles and promoting the normal secretion of urine. I have seen no unpleasant effects from its administration as freely as above represented. It does not disturb the stomach nor interfere with the appetite or digestion, but it does tend to constipate the bowels somewhat, rendering necessary the occasional use

of a mild laxative. If in the commencement of the case there should exist considerable fever with coated tongue, I think that it would be well, prior to the exhibition of gallic acid, to act pretty freely upon the bowels by a brisk cathartic.

SOUTH OTSELIC, N. Y.

A CASE OF ATHETOSIS.*

BY JOHN L. COOK, M. D.

The history of this patient—Henrietta Spalding, colored, about twenty-six years old—is, according to her statement, as follows: Some fifteen years ago she had a convulsive attack, succeeded by loss of speech and of motion. She had to be tied in a chair, like an infant, to prevent her falling out; and too, like an infant, had to be taught again to walk and talk. From this time too she frequently suffered with severe headache. The most striking symptom in her present condition is that the fingers of her right hand are in constant motion, exhibiting various involuntary contortions. The hand is flexed on the wrist, and its position can not be changed without the help of the other hand. She suffers from pains in the forearm every fortnight. The thumb is flexed on the palm of the hand, and she can not extend it. The toes of the right foot, like the fingers of the right hand, are in motion, though the movements are less active.

Athetosis is a disease of which little is known. So far as can learn, only two cases have been recorded; one occurring in the practice of Dr. Hammond, of New York City, and the other in that of Dr. J. C. Hubbard, of Ohio. Prof. Barker, of New York, has met with a case, but it has not been reported. Dr. Hammond first recognized this disorder

* Read before the Henderson Medical Club.

as a distinct affection, and gave it the name *athetosis*, from *adetos*, "without fixed position." No opportunity for a post mortem having offered, the pathology can not be said to be more than merely conjectural.

Returning to the history of my patient, how explain her convulsive attack with the subsequent motor paralysis and loss of speech? Possibly this attack was apoplectic; rupture of a blood-vessel somewhere in the left anterior lobe of the brain, the island of Reil and *corpus striatum* being more or less involved, occurred. An intimate relation between diseases of the structures just mentioned and aphasia with right hemiplegia has been established by numerous observations. My patient had aphasia with right hemiplegia, both continuing some months; and even now her gait is defective, the cause being some brain-lesion.

Hammond cites many examples to prove that diseased conditions of the third left anterior cerebral convolution and structures in the same region may impair the recollection of words altogether, leaving the other faculties of the mind perfectly free; so that the victim may understand and enjoy the conversation of friends without being able to say one word in reply or make any suggestions by express language, this too when the tongue is entirely free in its movements. Or words may be uttered, but are miscalled; for example, the patient may look at a book and call it a chair, and *vice versa*. Still the person knows what he desires, and when the article called for is presented it is always accepted, demonstrating that the mind is not involved; in fact some of the affected attend to their ordinary duties.

My patient has recovered from the aphasia and from the hemiplegia, but there remain the motions of fingers and toes, probably because some permanent injury has been done the left *corpus striatum* at the time of the first attack. The fibers of this structure, connecting with the spinal cord and nerves supplying different parts of the body, seem to be motor.

As to treatment little can be said. If the pathological state be incurable, its manifestations must also be so. Electricity might be faithfully tried, and the general course of treatment may rest upon rational principles.

HENDERSON, KY.

AN EPIDEMIC OF DIPHTHERIA.*

BY C. B. JOHNSON, M. D.

About the middle of September, 1874, Tolono and the surrounding country were visited by a severe epidemic of diphtheria. The first case occurred five miles north-west and the second within the limits of the town, and in about a week there was a third case three miles south, which I saw with the attending physician. Each case was treated by a different practitioner, and all proved fatal. From this time the disease was quite prevalent until the middle of October, when it commenced gradually to abate. In the great majority of instances the subjects were less than fifteen years of age. Toward the last some adults suffered from the disease, but very generally in a mild form. Usually where a child had an attack, if there were other children in the house, all would ultimately have it. Exceptionally only one out of a family would be sick, and in one or two instances *all* but *one* of a number of children would have the disease. Every grade of severity was seen. Some cases were so mild as to give rise to but little inconvenience even, while many were serious and some malignant. I treated in all about fifty cases, and saw perhaps as many more in the practice of other physicians. Seven of my patients died, and of these I propose a brief history. The first three were sisters.

* Read before the Æsculapian Society of the Wabash Valley, November, 1874.

CASE I.—Nellie D., aged seven, taken sick September 19th. Saw her September 22d; found the tonsils and velum palati covered with an ash-colored deposit, tongue heavily coated with a yellowish fur, fetid breath, anorexia, glands of neck swollen and tender, fever and thirst. Quinine and brandy were given freely, a solution of chlorate of potash ordered as a drink, and once in two hours a tea-spoonful of a prescription known in Tolono as "Miller's acid mixture," the formula for which is one ounce each of tinct. of iron, muriatic acid, and chlor. of potash, four ounces of simple syrup, and twelve ounces of water. Milk and beef-tea were directed to be given plentifully. In a day or two very obstinate constipation took place, and was finally overcome by repeated large enemata. The condition of the patient continued to grow more unfavorable. The disease invaded the nares, manifested by a fetid discharge from the nose; the throat became more and more infiltrated, and a great aversion for food was shown. Nutritive injections were now resorted to, but the girl died the sixth day from asthenia and blood-poisoning.

CASE II.—Emma D., aged four, was seized September 29th. In addition to the means used with her sister I endeavored to apply astringents to her throat, but the discomfort and resistance on her part were so great that the attempt was abandoned. Emma had an extreme disgust for food, and it was with great difficulty that she could be induced to take medicine. The nares were not involved to the same extent and there was no fetor of the breath as in Case I, but the patient soon became livid, and died in fifty hours.

CASE III.—Katie D., aged eleven, had a very mild attack when Case I was sick, and was apparently convalescent, when she was allowed to get her feet wet. Her disease on the 29th of September was seemingly confined to the throat. She was treated much in the same way as her sisters, and in two or three days she again grew better. Her parents now quit giving medicine, and she was allowed to expose herself a

second time, both contrary to my advice. In a short time croupal symptoms were developed, and the case soon became alarming. In addition to former treatment she was made to inhale vapor from lime-water and lactic acid, but despite our efforts the case ended fatally four days after croupal symptoms supervened. For the last two days of Katie's life she had aphonia and suffered urgent paroxysms of dyspnœa. Her older sister subsequently had a severe attack of diphtheria, but made a good recovery. A brother escaped entirely.

Case IV.—Annie S., aged seven, seemed to be a mild case. On October 2d prescribed the usual remedies. October 4th, seemed to be doing well; treatment continued. October 9th, was sent for in great haste; found the disease had evidently invaded the trachea; the patient had stridulous cough, and breathed with extreme difficulty. I directed inhalations of the vapor of lime-water, iodine, etc., and gave whisky and quinine. The symptoms rapidly grew worse. At the suggestion of a medical friend who saw the case with me gave six drops of a solution of bromine once every three hours. Nothing, however, did any good, and death occurred in twelve hours. In this and in the case immediately preceding tracheotomy was suggested to the family as the last and only hope, but was rejected in both instances.

Case V.—J. R., aged two years, male, fat and robust, I saw September 30th; found the tonsils much enlarged and throat covered with ash-colored patches, fever high and cough hoarse; treatment as in former cases. October 2d, throat apparently no worse, but fever of a more asthenic form. Ordered stimulants freely and continued other medicine as before. October 3d, summoned in great haste, but when I reached the house the patient was dead. From what the mother said, I think the disease had involved the trachea, and the child died of suffocation.

Case VI.—October 10th saw Nellie R., aged two years. Unable to make a satisfactory examination of the throat, but

finding the glands about the neck enlarged and the child feverish I suspected diphtheria. Ordered quinine and acid mixture, a solution of chlor. of potash and of sulph. of soda, to be given alternately once in four hours; applied hot salt to the neck. Next morning patient was reported by its father much better; directed the medicines to be continued. Heard nothing more of this case until October 18th, at which time I was sent for again. Found the tonsils nearly filling up the throat, and covered with ulcers; nares involved and hoarse cough present; glands of neck much enlarged and indurated. In addition to previous treatment ordered a free use of brandy and milk, and directed an energetic use of inhalations of lime-water and iodine. The case continued to grow worse. On the 23d of October patient had convulsions, and died during the night, twelve days from date of attack.

Case VII.—October 23d I saw Emma R., aged fourteen months, who was suffering from paroxysms of dyspnœa and stridulous cough, but as my visit was after night I could not make a thorough examination of throat. Ordered the same treatment as in the last case described. When visiting her next morning found the tonsils greatly enlarged and covered with a grayish deposit; glands of neck swollen. Directed in addition to previous treatment inhalations of lactic acid. The little patient was encouraged to take the breast as much as possible, though it did so with difficulty; was also given a little cow's milk. Death took place October 28th, five days from the time I saw her first.

It will be seen that of these seven cases four died with croupal symptoms, two from asthenia and blood-poisoning, and one from convulsions. There were twenty deaths in the practice of other physicians, making a total of twenty-seven deaths from diphtheria. Of the whole number seventeen were girls, a proportion of nearly two deaths among females to one among males. Almost the same proportion was observed among those that recovered, boys seeming to enjoy a com-

parative immunity from the disease. If any member of a family escaped, in nearly every instance this was a male. In two families the mothers were affected with the disease, the fathers were not.

I have not been able to ascertain the exact mode of death in all the fatal cases. Two of them that I saw outside of my own practice died with croupal symptoms, and I am informed a number of others perished in the same way; so that I think nearly one half died from an implication of the larynx and trachea. Of the remainder the greater part died from asthenia and blood-poisoning. Four of those who died were of German and nine of Irish parentage, these nine belonging to three families; thus nearly one half of the deaths took place among children of foreign extraction. I do not think these people more obnoxious to the disease than Americans, but explain the difference in mortality by the better nursing and more favorable surroundings in the latter class. Certain symptoms nearly always preceded a fatal termination, the most common being extreme repugnance to food, very obstinate constipation, and a livid hue of skin. These symptoms were usually observed in the cases that died from blood-poisoning, though lividity naturally occurred in nearly all the croupal cases. Sickness of stomach seemed to be a very unfavorable symptom, but was not confined to any particular class of cases. Severe pain in the stomach and bowels was a precursor of death in the neurotic class. I tested the urine in a few instances, but failed to find albumen. Delirium did not take place in a single instance. In a number of cases there would be a lull in the disease, and the patients apparently convalescent; but upon some slight imprudence or exposure the disease returned in an aggravated form, ending too often in death.

As to after-effects among those that recovered, various lesions took place. The organs of speech were most frequently affected; the sense of sight was impaired in one or

two instances. Among my own patients no important sequelæ occurred. In two of my cases large abscesses formed on the neck, and required to be lanced.

The epidemic had an unfavorable effect upon other diseases. Cases of typhoid and typho-malarial fevers seemed to be increased in severity. Typho-malarial fever prevailed among children to an extent I never saw before, and was accompanied by a dry, obstinate cough that harassed the subject greatly, depending, I think, upon congestion of the throat. Scarcely any person escaped having more or less soreness about the throat. Nearly every patient suffering from any severe chronic disease died during the epidemic. Eleven deaths occurred from other causes, making a total mortuary list of thirty-eight in the past two months. Nearly thirty deaths took place in as many days following the 18th of September. All diseases seemed to assume a more asthenic type. Aconite, veratrum, and other remedies of this class were poorly borne, while stimulants and sustaining measures had to be increased. Wounds healed slowly, and in a number of instances slight abrasions of the skin produced troublesome sores. In one case a boy received a slight wound of the foot; in a little while the whole part became gangrenous, and the patient died.

No specific cause could be assigned for the epidemic. Dry weather had prevailed to an unusual degree. Nearly all our wells were dry, and the great majority of our people were using water got by digging wells in low places, in many instances where sloughs and ponds had gone dry. But this condition of things exists at the date of this writing to a greater extent than at any time during the height of the disease; and if a cause, it is one still in operation, and the partial subsidence of diphtheria can not be attributed to any improvement in our water-supply. The weather has generally been mild and pleasant. Sharp frosts seemed to mitigate the disease for a time. I think, however, that there will be a

final cessation of the epidemic only when all those susceptible within the sphere of its influence have suffered.

As regards treatment, chlorate of potash was freely used in *all* cases, and when the patient was of a suitable age it was given dry and allowed to dissolve in the mouth, thus coming more freely in contact with the affected parts. Quinine was hardly to be dispensed with in any case. Brandy, wine, or whisky was given in the more serious cases. Sulphurous acid was given in solution and by inhalation got by burning sulphur. Persulphate of iron, tannate of glycerine, and other astringent applications were used locally. Among older children these were well borne and seemed beneficial, but with young children they caused so much distress that they had to be dispensed with. External local applications were used in nearly all the cases. Sometimes salt and hot vinegar; hot, dry salt. Tincture of iodine was used in a few instances only. Recently I have been giving sulphite of soda, and am pleased with its effects.

TOLONO, ILL.

HOW IS SMALL-POX COMMUNICATED?

BY A. W. M'DOWELL, M. D.

Small-pox originates from actual contact with the developed scab, from this scab dissolved in water, or from the effluvia of it. It is not communicated by the developing vesicle or pustule, or received from being in a room or car with a person with the eruptive stage commencing. In all cases the disease is caused by the well-developed scab or the matter from it. The following cases illustrate the truth of these assertions:

First—A young man came to the country from New York City, riding in a railroad-car forty miles and in a private

carriage six miles. The evening of his arrival I saw him. He was complaining of headache, and thought he had a "bilious" attack. The third day he had a severe sore-throat, and upon examination I found a vesicle upon the end of the uvula. He complained too of his back, and there too a vesicle was found, which ultimately formed a perfect scab and adhered to the shirt. Now the sequel was this: a colored woman, living with her family some distance from the farm-house where the young man was sick, washed this shirt and then her two children's clothes in the same suds; but subsequently, in putting clean clothes on them, she used for one these, for the other those that had been washed on a previous occasion. The first soon had small-pox; the second escaped at that time. Here a scab diluted with water produced small-pox, the clothes being the vehicle of contagion.

Second—A gentleman having a large family of sons and daughters declared vaccination a humbug, and not one of them was vaccinated. A daughter, on her wedding-tour, staid all night at a New-York hotel, where a case of confluent small-pox had died, her room opening into the hall through which the corpse had been carried. In two weeks she returned, and was at a party where many young persons of each sex were assembled, when she complained of being quite sick, and her sister remarked how "feverish" her breath was. I found her next morning breaking out with small-pox; the disease was confluent and severe. But her sister and friends, with her for hours upon the night of the party, this feverish breath exhaled by her in the room, did not have the disease; every one escaped.

Third—A young man having recovered from small-pox a month had his head combed by his mother, and in combing she removed a scab. Subsequently she used the comb upon her own hair, and had a severe attack of small-pox.

Fourth—A neighboring physician, careless about washing, attended a severe case of small-pox. In feeling the patient's

pulse some matter from a scab on the wrist adhered to his fingers; and having bushy whiskers, which he was in the habit of rubbing, the matter was lodged in them. His wife received the poison thence, had small-pox, and died.

SOMERSET COUNTY, N. J.

DYSMENORRHŒA.*

BY W. H. LONG, M. D.

The present paper is limited to a consideration of that form of difficult or painful menstruation which dates from the commencement of menstrual life. This variety is among the most intractable of disorders, and is often characterized by the severest suffering. Barnes says "it may be predicted with some confidence that a girl who starts with dysmenorrhœa is doomed to suffer for years, perhaps for life. . . . Occasionally marriage, if fruitful, brings relief; but more frequently the recurring attacks of pain, even if unattended by other causes of distress, increases the irritability of the nervous centers, impairs nutrition, destroys the harmony or correlation of the vital forces, and reduces the sufferer to the condition of a perpetual invalid, enjoying at best only comparative remissions of illness." But as sterility is commonly the consequence of this dysmenorrhœa, marriage, instead of proving curative, much oftener intensifies the disease, and sexual intercourse becomes painful and abhorred.

While not claiming originality for my views, I desire to present the society what it seems to me is the pathology of dysmenorrhœa, and the means for its cure.

Authors upon diseases of women generally agree as to the different varieties of dysmenorrhœa; nevertheless one form

* Read before the Kentucky State Medical Society, April, 1875.

commonly admitted seems to me of doubtful existence, viz., neuralgic dysmenorrhœa. More important of remembrance than any classification is this, "that dysmenorrhœa is not a disease, but a symptom of some morbid condition of the uterus or appendages, and its successful treatment demands a careful examination for its cause and its removal by appropriate treatment."

Dysmenorrhœa is a much more common disorder than we might suppose. While now and again some of those who thus suffer apply to the physician for relief, a much larger number, who have good or at least fair health in the intermenstrual periods, suffer in silence during menstruation, or at least depend exclusively upon domestic remedies.

The symptoms of the variety we are considering differ in no essential particulars from those characterizing the disease in general. In the majority of cases, however, menstruation is delayed from one day to a week, and pelvic pain precedes the flow a few hours or two or three days. This pain is at first usually dull and aching, but gradually becomes acute, and before attaining its greatest intensity is paroxysmal. By speaking of the pain as paroxysmal I do not mean that there are positive intermissions in this suffering, but only remissions. In many cases the pain increases with the first appearance of the flow, and is expulsive in character, being more profuse with each expulsive pain, while in a few the suffering is partially relieved by the discharge. In a very few instances there are shreds of membrane with the usual flow. In most cases the pain is first in the uterus, but thence it radiates in different directions; these painful radiations sometimes becoming more intense than the original suffering, especially in chronic cases.

A careful examination of the cases that have come under my notice, in addition to the doubtful character of the so-called "neuralgic dysmenorrhœa" as set forth by Barnes, with the admission of Churchill that it rarely occurs in women

before thirty years of age, justifies me, I believe, in excluding neuralgia as a cause of dysmenorrhœa occurring in girls. Obstruction in the course of the cervical canal from flexions, congenital narrowing, or constriction will be found to exist in a large majority of cases. One or more of these conditions existed in eight of the eleven cases here reported; thus in five anteflexion existed, in one anteflexion with narrow external os, in one constriction of a portion of the canal, in one narrowing of the external os alone. In the remaining cases the uterus was in its proper position and the cervical canal pervious, but the organ was more or less enlarged and very sensitive in all three, and endometritis existed in one. Congestion, with some degree of enlargement, was present in seven of the eight cases of obstruction.

Obstruction to the escape of the menstrual fluid and congestion of the uterus would seem then to be the causes of dysmenorrhœa occurring in girls; and if we take these cases as a guide, we may frequently have both these conditions existing at the same time, to which inflammation may be added; but one will be found to be the result of the other.

Pathology.—It is impossible to say in a case of dysmenorrhœa where flexion exists that the displacement was prior to the first appearance of the menses, or that it results from changes that may have taken place in the uterine tissues, congestion or inflammation being the primary cause. It is probable that the former is the case, as anteflexion is common before the age of puberty, and all cases of flexion that I have seen have been of this kind.

In dysmenorrhœa it is not supposable that the condition of the uterus existing at the beginning of menstruation will remain the same. Scanzoni says "long-standing dysmenorrhœa rarely fails to produce some change of tissue in the uterus, the most common being hyperplastic enlargement." That enlargement, accompanied by nervous hyperæsthesia, does take place there can be no question. Are these changes

due to hyperplasia? What are the necessary conditions to produce hyperplasia, and do we have these conditions existing in dysmenorrhœa? The investigations of Scanzoni, Klob, Virchow, and others lead me to conclude that any condition of the uterus that induces constant engorgement will cause increased nutrition with formation of new connective tissue in that organ. Congestion of the uterus at each menstrual period is a physiological condition which the discharge of the menstrual fluid relieving the engorgement should relieve; but where obstruction to the discharge exists the uterus is distended by the retained fluid until it relieves itself by contractions (which are always painful and constitute the expulsive pains) that appear with the flow. In these cases the engorged blood-vessels are not relieved as fully as in cases of normal menstruation, and their walls are more or less distended for several days after the disappearance of the catamenia; and eventually, as a consequence of this recurring monthly congestion, the uterus remains in a state of engorgement or "hyperæmia" during the interval, and the necessary condition for the induction of hyperplasia exists.

We may not be able during the first few months to find any appreciable difference in the uterus during the interval, if the examination be made eight or ten days after the cessation of the flow; but in cases of long standing we will find that organ augmented in size, its sensibility much increased, these conditions remaining throughout the intermenstrual period, and slowly increased by each returning period.

We then have all the necessary conditions to produce either hyperplasia or hypertrophy. It has been demonstrated by the observers before mentioned that these augmentations pertain to the connective tissue only, and they generally agree that hyperplasia rarely takes place in the nulliparious uterus. Dr. Kammerer believes all such enlargements to be due to hypertrophy. Not wishing to make this paper too long, I will state that I have come to the following conclusions:

1. That hyperplasia or hypertrophy, either one or both, may be indnced by long-continued congestion of the uterus from any cause or at any period of life.

2. That hypertrophy of the mucous membrane is undoubtedly induced by long-standing cases of dysmenorrhœa from the same cause.

3. That these changes are not due to inflammation, lacking all the essential elements of that condition.

4. That whether due to hyperplasia or hypertrophy is of little consequence, as the result as well as the treatment is essentially the same.*

In those cases where the cervical canal is pervious the same changes occur. We have in the first effort of nature to establish the function an undue amount of congestion or engorgement that is not fully relieved by the flow. This slight remaining congestion is increased with each return of the period, and thus we have laid the foundation for a case of "congestive dysmenorrhœa." The pain is not so great perhaps as in the "obstructive" variety at the commencement, but increases in a greater ratio. Again and probably oftener several abortive attempts to establish the function may in like manner be the beginning of a permanent congestion.

In one case of dysmenorrhœa with pervious canal we had membranous dysmenorrhœa added after marriage, associated with endometritis. It is probable that the inflammation was excited by sexual intercourse, and the exfoliation of shreds of membrane the result.

Treatment.—In the treatment of dysmenorrhœa our first endeavor should be to remove the morbid condition of which this is symptomatic. Nevertheless this removal does not always relieve the suffering, especially in chronic cases, where

* Since the preparation of this paper last winter I have seen the last (fourth) edition of Thomas's "Diseases of Women," and find that the views expressed above nearly accord with the conclusions formed by that eminent author in regard to hyperplasia. The term "areolar hyperplasia" is proposed by him as a substitute for "chronic metritis," conforming to the pathological condition.

the structural changes just mentioned have occurred, and frequently both physician and patient have need of all patience and perseverance in order to complete the cure. In general it may be asserted that success will be more rapid the more recent the case.

Many girls suffer during the first few months of commencing menstruation, but once the function is fully established this suffering ceases. Here the office of the physician is merely to assist nature. Warm hip-baths of half an hour, and repeated once in eight or ten hours, may be used when pain occurs; so too warm pediluvia and hot fomentations to the lower part of the abdomen are useful. The warm-water rectal and vaginal injections advised by Dr. Thomas I find it almost impossible for patients to use properly. Anodynes may be required. During the intervals iron may be given either in the old combination, with aloes and myrrh, or, as my practice is, with aloes and bromide of potassium.

If after the function is fully established the same or increased suffering is found, we are justified in believing some abnormal condition of the uterus obtains, and in making the necessary examination of this organ. In such examination our attention should be especially directed to changes of form, position, sensibility, size, and to the condition of the cervical canal. Should the canal be obstructed by flexion or other cause, dilatation with sea-tangle tents and then with sponge tents should be used, and this may be done once in four or five days. Five or six hours is as long as a tent should remain at first, but after a few weeks it may be left for twenty-four. After the dilatation is sufficient for a large-sized sponge tent the interval between the introductions of the tents may be prolonged to two weeks, then to three, to four, ceasing only when a permanently open canal is established. In some instances it may be advisable to hasten the process by the cervical incisions of Sir James Simpson, and in cases of very great flexion the operation of Dr. Sims is a more prompt

plan of relieving the difficulty, but dilatation is as certain and is safer for the general practitioner. Intra-uterine pessaries are objectionable because of the local hyperæsthesia. But, the obstruction removed, little relief results if there be chronic uterine congestion or any of the structural changes mentioned have occurred. Churchill, Thomas, and Sims unite in stating that "the removal of the obstruction frequently fails to relieve the dysmenorrhœa."

Treatment in these cases may be divided into constitutional and local, and should be used in connection with the treatment for obstruction. The constitutional treatment calls for alteratives and tonics. The iodide of potassium in from five- to eight-grain doses three times a day, or the bromide of potassium in ten-grain doses, is beneficial. I usually alternate them, giving one for two weeks, then substituting the other for the same length of time. Iron or iron and quinine, cod-liver oil, etc., are indicated when there are evidences of anæmia or prostration of the system generally from long-continued suffering. Hysteria, neuralgia, or other symptoms require only temporary attention. Exercise in the open air and sunshine are as good tonics as can be recommended, and cheerful company, with the hope of getting well, will do much toward recovery.

The most important part of the treatment is the local. Alterative applications made to the internal surface of the uterus by their counter-irritant effect "so modify the diseased action that its progress is checked and eventually healthy action is restored." Counter-irritation to the interior of the uterine surface not only favorably affects the mucous membrane, but the tissues of the body, removing the congestion and hypertrophy of the former, and the greater part if not all of the adventitious tissue that has been deposited in the latter. All of the superabundant tissue may, it is true, not be removed in every case, but the uterus will, I believe, often be restored to a healthy condition. Barnes has said "that

as a rule new formations are more ready to undergo atrophy by absorption or degeneration than healthy tissue," and that "hypertrophy may be either so far cured that the uterus can assume its highest function, or that the persistence of the hypertrophic change is not an absolute bar to its resumption." My own clinical experience, though limited, leads me, as far as it goes, to indorse this view not only in reference to hypertrophy when it occurs in connection with dysmenorrhœa, but when it follows chronic metritis succeeding parturition.

I have used as alterative applications nit. of silver, sulph. of copper, chromic acid, acid nit. of mercury, and tinct. of iodine, and must confess a decided preference for the tinct. of iodine. I use Churchill's strong tincture—sixty grains of iodine, ninety grains of iodide of potassium, to one ounce of alcohol. In addition to its effects as a counter-irritant a certain amount of the iodine is absorbed, and we have its effect as an alterative acting on the absorbents through the blood. The application should be made to the whole of the mucous membrane lining the cavity and cervix, as well as to the external portion of the neck. Applications should not be made oftener than once a week, and two weeks should elapse if strong caustics like chromic acid or acid nitrate of mercury are used. My decided preference is for the tincture of iodine.

Dilatation of the cervical canal being first accomplished, Emmet's applicator or Budd's probe, wrapped with cotton, then dipped in the solution, may be carried into the uterine cavity and brought in contact with all the lining membrane of the canal and cavity. Another plan is by first bending the nozzle of a rubber uterine-syringe to the proper curve and wrapping its extremity with cotton; now have introduced into the syringe a small quantity of the solution, and upon passing the nozzle into the uterus the solution may be forced out so as to saturate the cotton.

Cases of congestive dysmenorrhœa, or those where uterine

inflammation exists, require similar treatment. If endometritis exist, the case will be peculiarly obstinate. Benefit sometimes results from using a solution of chromic acid, one drachm to the fluid ounce of water. Local treatment should be continued until the hyperæsthesia and enlargement are removed.

The following is a brief recital of eleven cases of dysmenorrhœa and their treatment:

Case I.—Mrs. ——, twenty-four years of age, came under my charge in April, 1867. Married five years, but sterile; menstruated at fifteen, but the periods were irregular until sixteen; her menstruation always painful, pain preceding the flow eight or ten hours, and becoming spasmodic and expulsive during it. Since marriage this suffering has notably increased, and she is confined to bed one or two days at each period. She was dyspeptic; has attacks of neuralgia and hysteria. Upon examination found hyperæsthesia of the vagina and of the uterus, and the latter enlarged; the cervix elongated and congested; there was also well-defined anteflexion.

For the first few weeks sea-tangle tents were used, then a sponge tent once a week for four months. A twenty-grain solution of nitrate of silver was applied to the uterine cavity, and was followed by intense pain and a convulsion. Subsequently I used Churchill's tinct. of iodine, repeating it once a week. She had iron, quinia, strychnia, and other tonics. At the expiration of five months she menstruated with little pain, and in three months more became pregnant. Her general condition was greatly improved, her dyspepsia, neuralgia, and hysteria gone. She has now borne three children, and is quite free from dysmenorrhœa.

Case II.—Miss ——, thirty-two years old, menstruated at fourteen, her periods always painful, and for the last six years she has been a confirmed invalid. Here too there was anteflexion, and this was so decided that I was unable to pass a uterine probe until after division of the posterior lip

to within one fourth of an inch of the vaginal attachment. Dilatation and iodine applications constituted the local treatment, and in eight months menstruation was normal and painless.

Case III.—Miss ——, nineteen years of age, menstruated at fifteen; periods always painful; has dyspepsia, occasional neuralgia, and is somewhat anæmic. Found anteflexion with contracted os. Gave tonics, iodide and bromide of potassium; used dilatation and iodine. In eight months she was well. Married twelve months ago, and has had a child.

Case IV.—Miss ——, twenty-five years old, menstruated first at sixteen, always with great pain, and now the suffering has become excruciating. No cervical flexion or contraction of the canal, but an enlarged and exceedingly sensitive uterus. She recovered in nine months with the same local treatment as that of the preceding case.

Case V.—Mrs. ——, thirty-one years of age, married ten years, and sterile; menstruated at fifteen, always painfully, but has enjoyed good health until the last twelve months. Pain is most severe twenty-four hours before the flow, but continues during and for three or four days after it; uterus enlarged and sensitive. Used dilatation, then applications of iodine, of nit. of silver, of sulph. of copper. The dysmenorrhœa was relieved in fifteen months, and twelve months later she gave birth to a child at full term.

Case VI.—Miss ——, eighteen years old, menstruated first at fifteen; periods always painful, and marked by hysteria and vomiting. Anteflexion of the uterus was relieved by tents in four months, and menstruation became normal.

Case VII.—Miss ——, twenty years of age; menstruation commenced at thirteen years, and was always painful; anteflexion of uterus. Dilatation and iodine; complete recovery in seven months; has married and borne four children.

Case VIII.—Miss ——, aged thirty-five years, menstruated first at fifteen years; periods always painful; contracted os,

flexion, enlarged and sensitive uterus. Treatment—Incision of posterior lip, dilatation, and iodine. Cure in six months.

Case IX.—Miss ——, twenty-seven years of age, first menstruated at seventeen; always suffers at her periods; has hysteria and nervous prostration; found cervical canal contracted for one fourth of an inch, half an inch from external os. Treatment—Bilateral incision of the cervix, then dilatation and iodine. In four months she was well. Has since married. No return of dysmenorrhœa, but is sterile.

Case X.—Miss ——, twenty-three years old, first menstruated at fifteen very painfully, and her suffering has become so intense and constant that she is in bed three weeks out of four. The treatment with tents and iodine was completely successful in seven months.

Case XI.—Mrs. ——, twenty-nine years of age, married four years, but sterile; menstruated first at sixteen, and the flow was preceded for a year by pain in the pelvis and abdomen once in four or five weeks. Severe pain, commencing twenty-four hours before the flow, is felt at each menstrual period, and this pain has much increased since marriage. She has hysteria, neuralgia, vomiting, cramps, and great prostration at each period. She has membranous shreds discharged at nearly every menstruation; the uterus was enlarged, sensitive, and its lining membrane inflamed. I treated the case fourteen months with only partial success. She was living in poverty, was uncleanly in her habits, and was careless and negligent as to using prescribed remedies. Nevertheless, in spite of these drawbacks, the dysmenorrhœal shreds no longer appeared, and the uterus became lessened in size and sensibility as results of the treatment. She passed from my care in consequence of a change of residence.

Remarks.—All the above cases except Case VI had iodide or bromide of potassium, or both, and iron and quinine in liberal doses. Strychnia was added to these drugs in cases I, III, V, and XI. Anodynes were freely used when the periods

were painful, and other distressing symptoms that arose from time to time had the customary treatment. How far these things contributed to the general results obtained I confess myself unable to determine. Allusion has already been made to exercise, sunshine, pure air, and cheerful society as valuable auxiliaries in the treatment. Fortunately nine of the eleven cases reported were daughters of farmers, and hence no difficulty was experienced in supplying the most important at least of the adjuncts named. Methodical physical exercise was recommended in all, and except by Case XI was reasonably well observed.

Reviews.

A Manual of Diet in Health and Disease. By THOMAS KING CHAMBERS, M. D., Oxon., F. R. C. P., London, etc. Philadelphia: Henry C. Lea. 1875.

This work is eminently practical in its aim, and will be read with interest by the general as well as the professional reader. Dr. Chambers opens the subject by the question, "What is the natural food of man?" and goes on to show that every thing that contains elements capable of nourishing the body has been appropriated by him. Under the varying circumstances in which his lot has been cast he has been a consumer of fruits and vegetables, meat, fish, shell-fish, and insects, and has shown himself capable not only of living but thriving upon a diet either animal or vegetable. Strictly speaking, he is by taste as well as by anatomical structure omnivorous, and undoubtedly reaches the acme of intellectual and physical manhood on a mixed diet.

But man is not alone in being able to adapt himself to various forms of alimentary matter. Spallanzani proved by experiments that eagles might be reared on bread and pigeons on flesh. Nor is it to be wondered at, since food is essentially the same in its last analysis, whether derived directly from the animal or the vegetable kingdom. The herbivora and the carnivora are nourished by the same compounds, though in different shapes and combinations. The ox finds his nitrogenous matters largely mixed with other substances, but they are as indispensable to his nutrition as they are to the sustenance of the carnivora that take them in as unmixed fibrin. The bird has a store of nutriment provided for it in the egg

corresponding every way to the milk supplied by nature for the nourishment of the young mammal. The compounds containing nitrogen, it is now conceded, are for development, growth, repair, while the hydrocarbons in turn maintain vital heat and minister to muscular activity. These elements are contained in all articles that can claim to be nutritious.

Liebig exaggerated the importance of the former class and underrated the latter. The hydrocarbons, we now know, are essential to development as well as the albuminoid bodies, and not only give origin to heat in the system, but are also necessary to muscular motion, that of the heart and intestines as well as that of the voluntary muscles. It is computed that the force expended upon the heart, diaphragm, and intestines "is equal to that which would raise a man of ten stones ten thousand feet." This force must be maintained when the body is in the most perfect state of repose, in the system of the mere cumberer of the ground as well as in that of the most active laborer. But how much more must be expended by the laborer, all of whose muscles are on the strain, it is easy to understand; and to this greater expenditure of force the food must correspond, or wasting and disease will follow. The inmates of prisons and poor-houses lose flesh and become sickly if their tasks are increased without a corresponding improvement in their bill of fare.

We doubt if it occurs as often as it ought to men engaged in labor that tasks the brain that their lassitude, their incapacity for profitable work is caused by an insufficient supply of cerebral nourishment. There can be no doubt as to the fact. The brain inadequately nourished fails in its task as certainly as the muscles do, and it is just as impossible to perform mental labor to advantage when digestion is not good or the food is deficient in nutritive qualities as it is to do manual work with comfort under similar circumstances. The principle is one of importance, and should not be lost sight of by students or teachers. It is not immediately after

a meal, but some hours later, when the food has had time to be assimilated and reach the brain, that the mind is exerted with the greatest success.

As to food for the individual, it is coming to be the received opinion that each one must select for himself. Science points out the relative value of various foods, but can not determine what will gratify the palates or agree with the stomachs of any number of persons; and we make the same mistake when we lay down rules for all that was made by the tailor in Laputa, who insisted on cutting the coat and breeches of Captain Gulliver upon abstract principles instead of taking the measurements of his person. Even more emphatically is this true in the case of persons whose tastes are perverted by disease. The appetite is then pre-eminently the guide as to the choice of food. As thirst points to the necessity for diluents, hunger indicates the nature of the alimentary substances demanded by the systems of sick people. And the same may be said of the instinctive cravings of children. It is almost always safe to indulge them. They are the promptings of nature in regard to what the system needs to execute its nicely-adjusted processes of growth and development.

Dr. Chambers lays it down as a rule capable of the most universal application "that all articles designed for human food should be the best of their kind which can be procured, and that it is false economy to be tempted by a lower price to be satisfied with less eligible wares." He says butchers are apt to palm off the pancreas or "stomach-bread" for the "sweet-bread," which is the thymus gland of the calf, and in digestibility is greatly superior to the other. The pancreas even when cooked and chopped up may easily be recognized by its large veins and arteries.

In late years a good deal of alarm has been created in some countries on the subject of parasites, and more especially the trichinæ, these dangerous intruders having been

shown to effect their entrance into the human body along with unhealthy butcher's-meat, which contains their eggs or larvæ. An effectual antidote to this evil is afforded by thorough cooking. A temperature of 212° Fahr. or even less is fatal to these worms in every stage of their existence. Their prevalence in any country marks a low grade of cookery. In Germany they are met with so frequently because so much raw meat is eaten by the inhabitants.

Dr. Chambers believes in the communicability of typhoid fever and perhaps other diseases by means of milk, and refers to one case in which Dr. Murchison traced the fever clearly to this source. The poison, it appears, gets into the milk with water contaminated with the morbid secretions of fever-patients, and used in washing the milker's hands, the pails, and pans of the dairy. It is just possible that the germs of the malady may settle in the milk from the atmosphere.

On the subject of alcoholic drinks Dr. Chambers has instructive details; but as the topic is one which, as he remarks, is "terribly overladen with literature—historical, poetical, industrial, scientific, and occasionally nonsensical"—we shall not stop to consider it here. "As a regular beverage for a healthy person," he thinks, "there is no wine in the English market equal to claret," and the same remark is probably applicable to our own market when we get the pure juice of the grape.

The following remarks in reference to cookery are practical and very pointed: "The most important element in cooking is indubitably the cook; and the most important of a cook's virtues is shown in the selection of food. A good cook is to a certain extent born, not made; and if born deficient in necessary faculties, the novice should be made to understand that she has mistaken her mission. The necessary faculties are those of accurate taste and smell, with which, joined to enthusiasm and punctuality, she may become a useful and honored member of society; without which she is simply an

encumbrance. The tests to try her by are plainly-cooked eggs, joints, and vegetables. If she regularly sends these up in a state to give a zest to her master's appetite, let him think no trouble or expense wasted in teaching her whatever she desires to learn; if they excite disgust, harm rather than good is done by her technical knowledge of those disguises of inferiority known as 'made dishes.' Cleanliness may be taught, a variety of receipts may be bought, but a delicate nose is beyond price."

The chapter on digestion abounds in judicious suggestions, and may be profitably read by all who experience any trouble in that way. The best employment after a hearty meal is "frivolous conversation," encouraged by gentle exercise, which amuses the mind, and the best time for the principal meal is when the business of the day is done. Variety in diet promotes digestion and conduces to health and vigor; not a variety in the dishes at a meal, but a frequent difference in the principal dish. The last meal should be late enough to leave some of it unabsorbed at bed-time. It is a mistake to retire to rest at night hungry, but on the contrary, if kept up much beyond the ordinary time of retiring, a light meal will be found to promote sleep.

The first part of this interesting volume closes with a short account of nutrition. The second part is devoted to special dietetics of health, including among other topics the diet of infancy and motherhood, the regimen of childhood and youth, and commercial, literary, and professional life. We wish we had room to transcribe some of his literary sketches introduced by way of illustration. They teach valuable lessons in physiology. Of Dr. Samuel Johnson he relates that "after middle life his own observation of his health led him to abstain entirely from wine;" and he adds that he had heard his grandmother describe "the air of dignified patience with which he passed the bottle which she often pressed upon him at her father's table." Though the old scholar kept late

hours, he sat up not to work or carouse, but to rest his mind "with sportive and varied conversation" in which he took so much delight; and he had his reward in the retention of his intellectual faculties after his material organs had given way under disease.

How much may be done by a rational regimen to preserve the faculties from utter overthrow, even when overshadowed by the cloud of insanity, is illustrated in the case of Cowper. Nothing, as Dr. Chambers remarks, but daily exercise, temperate meals, and punctual observance of regular hours of study and rest could have kept burning the flickering candle of reason in the poor suicidal poet. The least irregularity or indulgence of appetite would probably have proved fatal to him. Dean Swift saw that Pope, with his delicate, sensitive frame, could not indulge with ordinary impunity in the pleasures of the table, and addressed these wise words of admonition to his irritable little friend, which many others might observe with advantage to their health of mind as well as body: "The least transgression of yours, if it be only two bits and a sup more than your stint, is a great debauch, for which you will certainly pay more than those sots who are carried dead-drunk to bed."

Among the subjects of the remaining chapters are starvation and the diet and regimen of acute fevers, inflammations, rheumatism, gout, insanity, scrofula, and alcoholism, in all of which the reader will find matter that will reward a careful perusal. Dr. Chambers, we have no hesitation in affirming, has made a substantial and truly valuable addition to our literature on diet.

Sixth Annual Report of the State Board of Health of Massachusetts. Boston, 1875.

Massachusetts has set a worthy example to her sister states in the fidelity with which she has devoted herself to

the development of her vital statistics, and in this regard has distanced them all. The report before us is one of great interest. Dr. H. I. Bowditch, in the opening article, pays a just tribute to the memory of the late secretary of the board, Dr. George Derby, who applied himself with a zeal and conscientiousness to his duties worthy of all praise.

Boston has been in trouble on account of some large pork-packing establishments which were suspected of injuring the health of the neighborhood, and it has been a question with the board whether they ought not to be abated as a nuisance. The board, however, has wisely decided to wait and see whether the removal of other suspected sources of disease will not exculpate these packing-establishments, which otherwise are desirable as contributing to the business of the city. Animal matters in a state of decay, while highly offensive to the senses, are not, we believe, looked upon as so detrimental to health as vegetable substances, which emit no odor. In fact it is well known that tanneries, glue-factories, and similar establishments are not productive of disease.

Inebriate Asylums are discussed by Dr. H. I. Bowditch in a judicious essay, taking the ground that inveterate drunkards ought to be deprived of their civil rights, and that the state should care for them in asylums specially designed for the purpose. We trust the world will ultimately take the same ground. Society will be driven to it, we think, in self-defense. All other remedies having failed to arrest the evil, this only remains to protect the innocent and helpless against a vice over which the victim has no control. Prohibitory laws have proved unavailing, but when inebriates know that confinement in a hospital will be the end of their course they may pause before they become slaves to their appetites.

Some very striking statistics are given by Dr. W. E. Boardman, showing the value of health to the state; but we doubt if he will ever convince statesmen that it would be economical to expend fifty million dollars in a state like Massachusetts

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in order to reduce the death-rate from nineteen to fifteen in a thousand, which he contends might be done by proper sanitary measures. This is followed by a paper on the transportation of live-stock, which is a subject of growing importance to the western states as well as to the great cities of the East. "Our Meat-supply and Public Health" is the subject of the next essay, by Dr. Charles Folsom, in which the condition of meat, both with respect to soundness and the presence of parasites, is discussed. The author refers to the sausage in this connection as "the grand receptacle of vile meat of all kinds, where it is spiced into obscurity." We have happily no such experience as the Wurtemburgers, among whom it is stated that in the last half century one hundred and forty persons have died from bad sausages.

Among the other papers in this volume is one on the relative advantages of cremation and burial, one on the health of towns, one on the sanitary condition of the state prison, and one on the composition of the air of the ground atmosphere. We have only room for a brief notice of the last. Dr. Nichols shows in this paper that carbonic acid impregnates the air beneath the surface to a degree much above its proportions in the atmosphere. The proportion increases as we descend, and is greater in summer than in winter. In the atmosphere carbonic-acid gas is quickly diffused and equalized; but in cars—especially in winter, when the doors are kept closed—experiments show that the percentage is often increased to a fearful extent.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen, Professor of Clinical Medicine in Munich, Bavaria. Vol. III. New York: William Wood & Co. 1875.

This volume fully justifies the high expectations created by the appearance of the first. While the subjects of which

it treats may not possess the general interest of those which formed the preceding volumes, the style in which they are handled is quite as able and exhaustive. There can not remain any longer a doubt in any mind that this cyclopedia will constitute a most valuable addition to our literature on practical medicine, forming a library in itself on the subject.

The first article in this volume is on syphilis, and composes nearly one half of the volume of six hundred and sixty pages. The author, Dr. Bäumler, considers this affection in all its phases. Beginning with its history and geographical distribution, he treats of the disease in all its relations to the human body. In regard to its origin, he is by no means sure that it was imported from America into Europe, but on the contrary cites some authorities which favor the idea that it was conveyed to the new world by Columbus's men; but the question is still left in doubt, and will probably so remain. Dr. Bäumler holds that syphilis may be transmitted through the vaccine virus, in support of which he quotes many such instances as the following: In the year 1849 twenty-six persons were vaccinated from an apparently healthy child. The pustules in nineteen of these turned into syphilitic ulcers. In 1852 thirteen children were vaccinated, and eight months later eight of them and nine of the mothers were suffering from *lues universalis*. A still more unfortunate instance occurred in 1861. On the 2d of June forty-seven children were vaccinated from a child of apparently healthy parents, and which itself excited no suspicion of disease. Thirty-eight became affected with symptoms of general syphilis; and one of these, having been used to vaccinate seventeen other children, communicated syphilis to seven of the number. In view of these facts he advises that if possible "only children whose parents are known to the physician should be used as sources of vaccine matter," and that, however healthy the child may be, it should not be used if there is the slightest suspicion that either of the parents is affected with syphilis.

He recommends a close examination of the naked body of the infant from whom it is proposed to vaccinate others.

The first question that arises in relation to treatment is whether the virus can be destroyed at the point of infection, and at the same time that Dr. Bäumler doubts this he favors the excision of the papule. If soon after infection the initial lesion takes the form of an ulcer, he advises the application of a caustic. He thinks well of the use of iodoform in cases which will not admit of caustic remedies. Mercury, from all the evidence collected during three centuries, must be held, he thinks, to possess a power antagonistic to the virus of syphilis. This is especially exhibited in the cutaneous manifestations of the disease.

To all practitioners interested in the study and treatment of syphilis this article may be recommended as full of important information.

The next article, by Dr. Bollinger, treats of glanders in the horse and in the human subject, and to this succeeds one by the same author on anthrax, one on hydrophobia, one on the foot-and-mouth disease in animals and man, and a concluding one on the bites and stings of poisonous animals, all instructive and practical. The volume closes with an article by Dr. Heller on diseases from migratory parasites.

Our readers from this list will see the character of the volume. Many may not feel a special interest in the subjects discussed in it, but we venture to say that no one can read these papers without a feeling of admiration for the learning and judgment of their authors. We take great pleasure in commending again this work to the profession of America, assured that it will enhance the value of any library.

Clinic of the Month.

TRACHEOTOMY IN CROUP—INDICATIONS AND CONTRA-INDICATIONS.—We present the following condensed abstract of a recent clinical lecture by M. Bouchut, which we find in the *Gazette Obstetricale* of May 5th:

"The indications for tracheotomy in croup result from the progress of the symptoms and the evolution of the disease. Merely because the diagnosis has been made, an operation does not necessarily follow.

"The infant shares with the hog the unhappy right and the sad privilege of liability to croup, this disease inevitably determining in the latter asphyxia and death. But since it is illegal to sell the flesh of an animal dying of disease, the rule of the dealer is to kill it as soon as possible, in order that it may be eaten. On the other hand, as soon as croup is manifest, the operation is performed; so much is gained if one is saved. In the infant, however, the first stage of the disease is not the time for an operation.

"Croup has three stages: (1) the period of exudation, (2) that of suffocation, (3) anoxemia or the period of asphyxia. Now is it in the second or third of these that we should operate, and how are they to be recognized? In the former there are attacks of suffocation and nervous accidents; the child, with false membranes in the larynx, coughs and struggles; it is choking and strangling; it attempts to rise, to seek air. At this time it is suffocated, not anæsthetized, with carbonic acid. An emetic sometimes answers for its relief; there are not yet obstacles to continued expectoration. It is not now necessary to perform tracheotomy; on the contrary, it is well not to do

it. In case tartar-emetic fails to cause vomiting apomorphia may be used; it has a special value against suffocative dyspnœa, and will do that which can not be done with tartar emetic or ipecacuanha.

"In the third period the operation is indicated. The third period commences with anoxemia. We can conceive to what degree hematosis is interfered with when at each inspiration there can enter the lungs but half the air requisite for the regeneration of the blood; then multiply these by the number of half *hematoses*, and we have anoxemia. The sensibility is at first blunted, then destroyed. The operation is then clearly indicated. Anæsthesia caused by an accumulation of carbonic acid is an important fact which has been too much neglected. It is the signal for tracheotomy. Carbonic acid, whatever its source, is a very efficient anæsthetic. I have made many experiments in illustration of this at the dog-pound; producing asphyxia by hanging dogs, and then readily restoring them at the moment of the agony by cutting them down. Croup is for children hanging from within; it is internal strangulation. The experiments of Legallois have proved the same thing in another way; they show that carbonic acid in excess causes asphyxia, and the asphyxia insensibility. This may be shown by introducing a canula with a plug into the trachea of any of the mammiferæ; intercept the entrance of air into the lungs, and as soon as the hematosis is sufficiently interfered with anæsthesia of the skin results. Carbonic acid may then be proposed as an anæsthetic, completely replacing nitrous oxide.

"The anæsthesia is not sudden, but comes gradually; and it is necessary to postpone the operation until it has attained a certain degree of intensity. Up to the time of my introducing anæsthesia into the pathological history of croup, attention was given to the color of the face, which in the stage of suffocation becomes blue. But this is here an unreliable sign; it is not correct. I remember a little girl with

croup at the hospital St. Eugenie, who when we entered the ward was sitting up in bed, playing with her dolls, her intelligence perfect; but she could not speak; her face was pale as the sheet and her skin, and the insensibility of the skin was complete. The mother would not permit tracheotomy, and the child died in the course of the day. Asphyxia then may be blue or white. It proves nothing, and the symptoms of anæsthesia must determine the question of operation. Nevertheless, before resorting to tracheotomy, tartar-emetic may be tried, and it gives good results in the period of suffocation. But when the second period has passed, when asphyxia with anæsthesia exists, tracheotomy is indicated, indicated clearly and positively.

"But there are numerous contra-indications to this serious operation. First the age must be considered. In infants of six months and still at the breast the operation does not succeed. After fifteen or sixteen months it may be tried, but the success is very doubtful. The operation is not indicated unless the subject is about two years old; even then, if very feeble, it ought not to be performed. Another contra-indication is in certain complications of the disease, such as *scarlatina anginosa*. Measles is not a positive contra-indication; the operation may be tried, but the result is very doubtful. In pneumonia, if simple and atelectasic, operate; but if embolic, refrain from operating. In consequence of the accumulation of bronchial mucus there is an enfeeblement of the lung, and then proliferation and pulmonary induration; the hinderance to respiration produces dullness and *râles*. In this condition, an operation performed, the pneumonia disappears. Embolic pneumonia has other causes and comes in another way. In embolic pneumonia the cause is cardiac thrombosis, and the operation is useless; in atelectasic pneumonia, on the contrary, the heart does not suffer.

"Finally we are guided by the general phenomena of diphtheritic poisoning and of albuminuria. If there be albu-

minuria, the result is doubtful; all depends upon the variety of albuminuria. If albuminuric diphtheria is accompanied by nasal discharge, the operation is quite useless."

On the Treatment of Cardiac Dilatation.—The pages of our valued contemporary, the Edinburgh Medical Journal, have recently been enriched by a series of clinical lectures on diseases of the heart by Dr. Geo. W. Balfour. We hope soon to see these very admirable lectures appear in book-form. Meantime the following remarks of Dr. B. on the treatment of cardiac dilatation will prove of interest:

"Cardiac dilatation is by no means a hopeless disease. It is invariably relieved by mitral regurgitation, which in more severe forms is associated with tricuspid regurgitation also. In its slighter forms it is readily curable, and is almost invariably cured; and even in its more severe forms it may occasionally be cured, and is always susceptible of considerable amelioration, the only exceptions being those neglected cases associated with notable eccentric hypertrophy, forming what is termed the gouty heart.

"In simple chlorotic cases it is sufficient to improve the quality of the blood to secure a perfect cure. For this, as every one knows, there is no remedy equal to iron; and though small doses of ferruginous tonics, especially if continued for a long time, are frequently sufficient, still the larger the dose given the more rapidly the cure is obtained; and I perfectly agree with Niemeyer that there is no combination in which iron may be more freely administered than as Blaud's pills; two grains and a half of sulphate of iron and the same quantity of carbonate of potass made into one pill with mucilage. Three such pills are to be taken three times a day, and the dose is to be increased by one pill each day till five pills are taken three times a day; the remedy to be continued for six weeks from its commencement, when the cure will be complete. This remedy, notwithstanding the large amount

of iron given, does not usually constipate the bowels. When the dilatation is more marked the tonic action of digitalis on the heart will be also required. Iron, with or without arsenic, may still be given in smaller doses, or may in certain circumstances be withheld, but digitalis is paramountly required; never in large doses, for here we do not desire any immediate contractile effect on the cardiac muscle, but in small doses, never over ten minims twice or thrice a day; because it is only a slowly-developed, persistent tonic action that we desire, and that is most easily attained without risk by giving these small doses for a length of time. To show how long these doses may be continued without risk, and how beneficial is their action even in apparently untoward circumstances, I may mention that recently I saw an old gentleman of over eighty years of age, who has been taking these doses of digitalis for more than four years regularly. When first seen his heart was so weak that its action was almost imperceptible; he had a feeble pulse, and was subject to frequent fainting-fits. Now he rarely has an attack of this nature, has a good pulse, and a firm, forcible apex beat. Of course good, nourishing food must be given, fresh country air recommended, and perfect rest, or at least the avoidance of all but the most moderate exertion. Stimulants in younger patients are best avoided. In elderly patients they are often useful and occasionally necessary; but must be used with caution as simple tonics, and never as goads to exertion, otherwise they do an incalculable amount of harm."

GALACTORRHŒA.—Dr. A. Puech (*Gazette Obstétricale*, May 20, 1875) quotes two cases from Dr. Lingi Casa, in which galactorrhœa occurred after the menopause, and then details a similar one in his own practice.

In the first case of Dr. Casa the subject was sixty-five years old, and the secretion was without any obvious cause. Her parents were healthy, and she had no disease. She had

given birth to six healthy children, and menstruation ceased when she was fifty-five. About her sixtieth year the breasts commenced swelling, and once a month the swelling was more marked and at the same time painful. After having continued some months this disorder ceased for two years, and then re-appeared. Upon examination her breasts were found decidedly enlarged, and upon light pressure they yielded a fluid with all the physical properties of milk. In spite of her age she greatly enjoyed sexual indulgence. She had lost her appetite for food, and was very much constipated. Except a vulval pruritus, she had no disease of the genital organs. Under the use of ergotine the lacteal secretion disappeared in less than a month, as well as the accompanying mammary engorgement.

Dr. Casa's second case is much less significant. The subject was fifty years old; menstruation had ceased for some years, and she died, aged fifty-two years, of uterine cancer, a disease of which her mother died at the same age. When seeking aid for the uterine disease the breasts were found swollen and painful, and discharged a liquid presenting the character of milk, only a little thicker, and having a distinct green color. The correlation between the development of the uterus and the breasts, a phenomenon formerly called sympathy, is well known. Then, in virtue of this correlation, swelling of the breasts and even galactorrhœa are quite frequently dependent upon organic change in the uterus. In a case of uterine cancer and fibroid the breasts were quite large and secreted a milk-like fluid. After death the mammary gland, carefully examined, presented at the periphery a great number of terminal vesicles, developed in the subjacent tissue, and filled with milk-clots.

Dr. Puech's case was a lady thirty-eight years old, a brunette, of vigorous constitution, whose husband died a month after her delivery of a female child. In her sorrow she gave herself up completely to her infant; and as she had lost all

her other children, four in number, she thought it best to nurse this one until the milk should no longer be secreted. This nursing was continued for a long time, until one day her daughter, then seven years old, refused longer to continue the *rôle* of a baby. Fourteen days after her breasts were found swelled, painful, and the secretion of milk still continued. This habit of the economy it was exceedingly difficult to destroy. Repeated purgatives, iodide of potassium in large doses diminished the secretion, but did not cause its disappearance, and it did not yield until at the end of two months, to the daily use of white agaric, given in doses increased from fifty centigrammes to one gramme and a half, for ten days. This lady had not the least uterine disease; her menses have not appeared since her last pregnancy, and she is now forty-six years old.

We have read this report with especial interest, from the fact that we have now under observation a case of very profuse and obstinate galactorrhœa, the disorder being associated with a copious eruption of eczema upon the breasts, a complication we have met with once before. Compression of the glands and the internal use of iodide of potassium, faithfully tried, have had very little influence in lessening the secretion; and we have recently—too recently to test its value—commenced the use of ergot. The details of the case we hope to present our readers at some other time.

The *white agaric* which Dr. Puech refers to as having been so useful in one case is a medicine hardly known in our country, and indeed very little used in France. Both Leon Marchand (*Nouveau Dictionnaire de Medicine*, etc.) and Bouchardat (*Manuel de Matière Médicale*, etc.) refer to it as a medicine the use of which is almost entirely abandoned. T. P.

A NEW URETHROTOME is one invented and used by Dr. Gross. Simplicity is the leading feature of the instrument,

a great recommendation certainly. It is modeled on the plan of the French *bougie-à-boule*, an instrument invaluable in accurate diagnosis of even the smallest strictures, from the fact of the resistance offered by the stricture on being withdrawn from the urethra. He conceived the idea that if only a blade was fixed immediately behind the shoulder which always hitched up against the constriction on being withdrawn, a stricture could be easily and safely divided. The instrument, as now manufactured by Gemrig, is a straight tube, about ten inches in length, terminating in the acorn-shaped expansion of the *bougie-à-boule*, and having a concealed blade just behind the shoulder, which on pushing a spring juts out a little more than the circumference of the bulb, and invariably cuts in the right place and at the right time. Indeed a *faux pas* in an operation with this instrument could hardly be made. I have seen the doctor operate with it a number of times, and always with the most gratifying success. Such is the newly-invented urethrotome of Dr. Samuel W. Gross, an instrument which will do much toward advancing the treatment of urethral stricture. (Philadelphia correspondent of Nashville Jour. of Med. and Surg.)

Scarlatina Anasarca and its Treatment.—Dr. Bramwell, of Perth, having treated thirty-two cases of scarlatinal dropsy, writes to the Edinburgh Medical Journal as follows:

"When the case was one of moderate severity, and uræmic symptoms not a conspicuous feature, sharp purgation with dsrastic, such as the comp. jalap or comp. scammony powders, answered very well. It was found, however, that a very large dose was required to produce the desired effect, half a drachm or even two scruples of comp. jalap being often required for a child five or six years old. This purgation was alternated by vapor-baths, and at a later period, when febrile action was diminished, inf. of digitalis with acet. of potash was administered with good results. It will be found, however, that

dropsical symptoms in the majority of such cases will persist in spite of all these means, and go on from bad to worse until alarming pulmonary complications show themselves or convulsions supervene. What now is to be our line of procedure? We venture to affirm that at this juncture abstraction of blood, either general or local—certainly general when there are convulsions—will act in a beneficial manner, and convert in a short time an apparently hopeless case into a remediable one. In order to accomplish this, however, we must not hesitate to take blood freely, as ten ounces from the arm of a boy ten years of age, or four ounces by cupping over the loins in a child four or five years of age. Neither must we be deterred from this by the supposed anæmic condition which some writers on renal disorders have ascribed to such patients. The truth is they are not anæmic at all, but are suffering from an acute disorder associated with a very different condition of blood from that existing in chronic renal disorders, and the rapidity with which they recover after sharp antiphlogistic treatment sufficiently shows this. Depletion acts like a charm in convulsions from acute uræmia, and we have seen a free diuresis set up in forty-eight hours after its employment, unaided by any other remedies. Generally speaking, cases of anasarca after scarlatina stand antiphlogistic treatment well.

"We have treated thirty-two cases of acute scarlatinal dropsy more or less after this fashion, with only two deaths. One of the fatal cases was seen too late, when no depletion could be thought of. This patient died of acute pulmonary œdema. From the severity of not a few of these cases, and the inadequacy of other means in a considerable proportion of them, there is no doubt in my mind but that several more of them would have terminated fatally had blood-letting not been boldly employed. Let me venture then to press this valuable old remedy in this disorder upon the notice of my professional brethren who may not have tried it, especially on

the rising generation of physicians, who have been educated perhaps too exclusively in an expectant or building-up treatment of all inflammations indiscriminately."

EPITHELIOMA OF THE LARYNX.—Dr. S. C. Busey makes the following interesting report (American Journal of the

Medical Sciences) of the post-mortem appearances in a case of this distressing malady:

"At the post mortem, made a few hours after death, it was impossible to pass a sound or even a No. 9 catheter into the esophagus, even after separating the trachea from the esophagus; not that the caliber of the canal was too contracted,

but an intervening septum shut off communication with the pharynx. The larynx laid open was found to be occupied for nearly two thirds of its cavity by a tumor, lobular and granulated in appearance, slightly excoriated at one or two points, and springing from the right vocal cord. In extent it reached from the aryteno-epiglottidean fold to the lower limit of the sacculus, pushing forward beneath and by the side of the epiglottis toward the hyoid bone. The part of the tumor which had been most plainly visible during the laryngoscopic examination sprang as a semi-detached lobule from the main body of the tumor, at the level of the superior vocal cord, extending upward toward the root of the epiglottis in the median line, and sending a prolongation below into the ventricle of the left side, so that the glottis was almost obliterated except at its posterior third, leaving a passage sufficient to admit a crow's quill on approximation of the arytenoid cartilage. The lower part of the tumor filled up and dilated the ventricle and sacculus on the right side.

"The occlusion of the passage between the pharynx and esophagus was found to be due not only to a contraction of this latter tube, but also to thin, valve-like folds of mucous membrane stretched across the lower part of the pharynx—delicate fræna, or duplicatures, such as are seen in symblepharon, for example—these not only tending to diminish the posterior laryngeal space, but really almost forming a cul-de-sac."

Bromide of Potassium in the Treatment of Epilepsy.—Dr. Otto writes on this subject in the *Archiv für Psychiatrie*, Vol. V., No. 1. He concludes that it lowers the excitability of the central ganglia and of the peripheral nerves, and by this means assuages the epileptic attacks. The results are due altogether to the bromine salt. To be efficacious, the dose for an adult must be at least one hundred and twenty grains. When the dose reaches one hundred and eighty

grains daily, great precautions should be taken. Dr. Otto thinks that it is best to commence with a full dose at once. In cases in which the cornua ammonis were found to be affected the bromide of potassium had been most effectual. The brain-symptoms induced by bromide of potassium afford as good a guide for lessening the dose of that drug as the pulse does for moderating the dose of digitalis. Dr. Otto does not fear the induction of any permanent psychic lesion from large doses of the bromide. He advises that it should always be administered well diluted with water.

A Case of Polypus of the Tongue.—Dr. Sam'l C. Busey reports the following case:

"In October, 1873, K. C., white, aged thirteen, presented herself at the Columbia Hospital Dispensary. On the under-surface of the tongue, about midway of the raphé and springing from it, an elongated polypoid-looking growth, measuring half an inch from base to apex. It had been first discovered six months previously, but had grown much faster during the two months immediately preceding this date. It was tender to the touch, very sensitive, and occasioned much annoyance. The edges of her teeth were perfectly smooth. The accompanying cut exhibits the growth very distinctly.

"On both sides of the raphé, extending backward from the base of the polyp, were two rows of vesicles, each vesicle larger than a pin's head, and between the rows of vesicles on each side a small vein was distinctly seen. Removed the growth with scissors and cauterized the basal surface with a saturated solution of chromic acid. The bleeding was very slight.

"January, 1874—K. C. again presented herself at the dispensary. She says that she continued well until November, 1873, when the growth began to return, and has grown very rapidly during the past few weeks. It is now larger than when removed in October last. I again removed it with scissors, and cauterized the surface with a saturated solution of chromic acid.

"January 19th—The surface entirely healed; the vesicles before referred to enlarged and projecting irregularly.

"February 9th—Polypus re-appearing, now about the size of a pea; semi-translucent. Discharged its semi-fluid gelatinous contents and renewed the application of chromic acid. On the 16th she was again well, and nothing marked the locality of the former growth.

"April 13th—The growth has again returned; now globular and semi-translucent. Applied a silk ligature, which, together with the growth, came away on the 15th, leaving a small superficial ulcer. Touched the ulcer with lunar caustic. On April 20th it had healed, but the cicatrix was distinct.

"July 2d—She again presented herself. The polyp was larger than at any previous time. Injected it with fifteen minims of pure acetic acid. It turned black in fifteen minutes and sloughed off in thirty-six hours, leaving a slightly projecting base, very tender and vascular. On July 13th the surface had entirely healed, but still very slightly projecting, and on the 30th the point of attachment could only be recognized by a slight sensation of hardness, feeling somewhat like a very small shot under the epithelium. It has not recurred, and the vesicles along the border of the raphé have disappeared, January 14, 1875."

Quinia as a Stimulant to the Pregnant Uterus.—It will be remembered that the American Practitioner surrendered much of its space a few years ago to quinine as an oxytocic. Dr. Albert H. Smith communicates an interesting

paper on this subject to a recent number of the Obstetrical Journal of Great Britain and Ireland, which concludes with the following summary:

1. That quinia has no inherent property of stimulating the gravid uterus to contraction, being inert as to any effect upon the womb in a quiescent state, and having no decided action in accidental labors at any period of gestation.

2. That to its property as a general stimulant and promoter of vital energy and functional activity, and to that alone, is due its influence upon the uterus in normal parturition; producing then no action peculiar to itself, but merely increasing the power of the uterus to expel its contents by its own natural method, converting what is a defective or even pathological action into a simple physiological process.

3. That by availing ourselves of this power we may by administering full doses of sulphate of quinia at the onset of labor favor the rapid and safe termination of what might otherwise be a tedious and exhausting work.

TREATMENT OF ACUTE BRIGHT'S DISEASE.—Dr. Jas. Tyson recently read before the Philadelphia County Medical Society an excellent paper on the treatment of Bright's disease, which is published in our able contemporary, the Medical Times. We make room for the following extracts:

"The secret in the proper use of diuretics lies in the selection of such as effect their object without producing a congestion, and such there are. To understand this properly it must be recalled that the secretion of urine is largely a process of filtration, a process of squeezing out the water and dissolved elements by pressure from behind, and that this is accomplished in the Malpighian bodies by the agency of the arterial pressure and the force of contraction of the heart. It must be remembered that there are two sides to the renal capillary circulation, an *arterial* side and a *venous* side. The first consists in the afferent arteriole and the

capillary ball contained in the dilated end of the convoluted tubule and forming with the latter the Malpighian body; the second of the capillary net-work formed by the splitting up of the efferent vessel after it leaves the Malpighian capsule and closely embraces the convoluted tubules. The area of this is great, and the movement of the blood slow. As a consequence a condition favorable to increasing the blood-pressure in the Malpighian body exists. Such pressure is obtained by increasing the force of the heart's contraction, or increasing the arterial pressure by the introduction of fluids within the blood-vessels. The effect of this is to produce a more rapid filtration; that is, more water is squeezed out from the blood-vessels into the Malpighian capsules, whence it is carried downward in the tubules. Now whatever remedies increase the force of the heart's action or the arterial pressure by absorption of fluids will increase the amount of water thus filtered out. Such remedies are digitalis, the salines, and diluent drinks generally; digitalis by increasing the force of the heart's action, the salines and diluents by increasing blood-pressure through their absorption. Digitalis is certainly the diuretic most to be relied upon, and when combined with the salines, freely diluted, affords a powerful lever for good. It is necessary, however, to have a reliable preparation, and unless one is sure of the quality of the tincture it is best to use a freshly-prepared infusion. At the same time it is also true that much smaller doses of the tincture are usually given than of the infusion. Thus of the latter one half fluid ounce is often administered, equivalent to three and three quarter grains, while eight minims or sixteen drops of the tincture, equivalent to one grain of the powder, are considered a full dose, a discrepancy which must account for at least a portion of the diminished effect of the tincture. Digitalis should therefore be given in sufficient quantity, fl.℥i of the infusion to children and fl.℥ss to adults, repeated every three hours until an appreciable effect is produced on the rate of the

pulse, when it should be diminished. Not until then can you look for a diuretic action. Digitalis when thus administered should of course be watched, and the patient should be seen twice a day until an effect is produced. Of the alkalies with which it may be combined acetate of potassium and citrate of potassium are to be preferred. Their diuretic action doubtless depends upon the impetus they give to the osmosis of fluids which hold them in solution, thus increasing the arterial tension and contributing to the flushing of the kidney. Half a drachm of the potash should be given every two or three hours to adults, and ten grains to children. There can be no doubt that an increased filtration of water into the Malpighian capsules aids the separation of the organic constituents in the second capillary net-work referred to, both by facilitating osmosis on the principle of the more rapid current and by washing out of the secreting cells of the convoluted tubules the organic matter already excreted by them.

"By such means as these, after the unloading of the blood-vessels by the action of a purge, we may greatly serve our patient through diuretics. On the other hand, turpentine, cantharides, copaiba, and the class of diuretics which produce a congestion and stagnation of the blood in the second or venous capillary net-work, are mischievous, and should not be employed.

"It should not be omitted to mention that fomentations of a strong infusion of digitalis (one ounce to a pint) applied to the abdomen or lumbar region are often efficient in producing diuresis when other means fail.

"*Treatment of Chronic Bright's Disease.*—The chief indications in the treatment of the chronic forms of Bright's disease are two: *first*, to improve the quality of the blood, which has become anæmic and loaded with urea and allied organic compounds; and *second*, to combat the symptoms and complications, which form a source of great inconvenience and even danger to the patient.

"The first of these indications is chiefly fulfilled by the use of iron, quinia, and strychnia, nourishing food, and proper hygienic influences; and also by depurating the blood of its retained urea. The well-known Basham's mixture has the advantage of at least tending to eliminate, while it also restores. But the tincture of the chloride alone is a powerful agent which is always accessible, and when combined with the sweet spirit of niter is perhaps as efficient as the Basham's mixture. To either the quinia and strychnia may be added if desired, while to the latter the infusion or tinct. of quassia makes a compatible addition.

"With regard to diuretics, nothing need be added to what has been already said, bearing in mind that digitalis is our most powerful lever; but with regard to measures which promote a decided action of the skin I desire to add a little more. These are the 'warm pack-bath' and the hot-air bath already alluded to. I have recently used considerably the hot-air bath, and made some observations to determine its value; the results of which satisfied me that we have a much more useful agent than many of us have suspected. A patient with large white kidney was under my observation for more than a year. During a portion of this time his urine was carefully measured, and a portion of the twenty-four-hours' urine analyzed for urea by Liebig's volumetric process, which was repeated to insure accuracy. He was a very large man, passing copiously of urine, and the quantity thus arrived at was 540 grains, the total quantity of urine being 2,000 cubic centimeters (66⅔ fl.ʒ). He was then ordered a hot-air bath daily, during which he perspired most freely. The twenty-four-hours' urine was of course diminished; but on estimating the urea in the twenty-four hours after the sweating had been continued three days it was found to be 714 grains in 1,700 cubic centimeters (56⅔ fl.ʒ) urine, actually an increase over the amount secreted when not under the baths. This can be accounted for by the increased celerity of the circulation

which would naturally result. If we add to this the amount of urea contained in the increased perspiration, which was of course not determined on account of the difficulties of collection, we will see how powerful a means of depurating the blood of its urea is thus at our disposal; and I am quite certain that if the use of the hot-air bath were more common, our power over Bright's disease would be greater. There is a common impression that it is troublesome and difficult of application; but this is not the case, as may be seen by the apparatus I exhibit, being that in use at the Philadelphia Hospital. Sometimes, however, these hot-air baths are not well borne by patients; they do not perspire, and the head and face become flushed, and the former throbs and aches. Under these circumstances the warm pack may be used instead.* It is perhaps equally efficient, but is more troublesome. It may be objected that these means are exhausting to the strength of the patient, but I think they will be found less so than is commonly supposed. The strength of the patient may, however, at the same time be maintained by iron, tonics, and milk.

"The use of *purgatives* for depurative purposes and to reduce the dropsy has long been common in the treatment of chronic Bright's disease, and to this end it has been common to select a peculiar class of purgatives; viz., those which produce profuse watery evacuations, as elaterium, scammony, gamboge, and jalap. But it must be remembered that in the circumstances now under consideration it is not a temporary cause, the effects of which we desire to obviate, but a constantly acting one; so that to be of service the purgative must be continued day after day, or every other day at least. Now such use of the hydragogue cathartics above mentioned can not be continued for any length of time without materially

*"Since reading the paper a member of the society has suggested the propriety of tying a wet handkerchief about the head, as is done in the Turkish bath, with a view of preventing these unpleasant head-symptoms; and it is not unlikely that it would prove an efficient agent.

reducing the strength of the patient much more decidedly than through the daily sweat. I do not deny their effect in diminishing the dropsy. On the other hand, I have many times observed this effect, and in some I have observed the dropsy totally disappear, but with it the strength of the patient to such an extent that as the dropsy subsided the life of the patient went out with it; so that it might truly be said that had the patient lived a little longer the dropsy would have been cured. I am not therefore very partial to the continued use of cathartics in chronic Bright's disease; but it must be remembered that it is to the prolonged use that I refer; to relieve a sudden emergency, as the occurrence of uræmic symptoms; in a word, under the same circumstances under which I would use them in *acute* Bright's disease, if they could be administered, would I give them. Of the remedies mentioned, undoubtedly the one which most strikingly produces the desired effect is elaterium. The profuse painless discharges which it effects in doses of one twelfth to one sixth of a grain are well known, while the small quantity required makes it peculiarly easy of administration."

Treatment of Hemorrhoids by the Clamp and Excision — Mr. Henry Smith's Method. — A leather band is buckled around the right wrist and another to the foot, one band having a ring the other a hook attached. The leg having been bent, the two bands are hooked together, thus holding the limb out of the way during the operation. The hemorrhoids are turned out of the anus so that they can be grasped by the forceps. When this is done the ivory clamp is applied to the mass and screwed up, then the tumor is cut off with the scissors and the actual cautery applied to the cut surface to seal up the vessels before the clamp is removed. Another mass is drawn forth and the clamp applied; but, being small, it is merely seared with the iron without being excised first.

This having been done, an opium suppository is introduced. The bowels shall be kept quiet for four days, after which a cathartic shall be given, and in a week the patient will probably be discharged from the hospital.

This operation for the cure of hemorrhoids is simple, safe, quick, and effectual. The clamp consists essentially of two flat pieces of ivory arranged like a pair of scissors, with a screw which holds them firmly together when the pile has been seized between their edges. The object, of course, is to prevent hemorrhage after the excision, and to protect the adjacent parts during the application of the cautery. By this method the ordinary dangers of the operation are avoided; for hemorrhage is prevented, and there is no danger of pyæmia, because the mouths of the vessels are sealed up by the cautery.

In four or five hundred operations Mr. Smith has never had a case of pyæmia, and has never been obliged to plug the rectum for hemorrhage.

It has been asserted that stricture is likely to follow this operation. This might be so if a large portion of skin were cut away, but only the mucous membrane should be excised. Mr. Smith has never seen a case where stricture followed, and in one case where after death from another cause an examination was made no stricture whatever was found. In those instances in which it is necessary to excise a large portion of the skin it is well to use the bougie to dilate the orifice during the after-treatment, and thus to prevent the occurrence of contraction. (Philadelphia Medical Times.)

Notes and Queries.

Dr. W. K. Bowling.—This veteran editor, the originator of the Nashville Medical Journal, at one time its proprietor and sole conductor and always its master-spirit, after twenty-five years of faithful labor has put off the harness and turned his work over to younger hands. Dr. Bowling, whatever else may be said of him, has been an independent, fearless editor, expressing his thoughts in his own way and ready to maintain his opinions against the world. Whatever he has found to do he has done with his might, never weighing his words either of censure or applause, but praising his friends and denouncing those who offended him with the same prodigal hand. A man of genius as well as learning, possessing the true poetic faculty, he has written some of the most brilliant articles to be found in the whole range of our medical literature. If he has ridden some of his hobbies too hard and occasionally tripped in his theories, no one acquainted with the history of medicine will wonder at it, especially in a teacher of his ardent temperament. He presided with dignity over the last meeting of the American Medical Association, after delivering an address which won golden opinions from all quarters, and now quits the field of journalism with the best wishes of all his brethren.

Dr. John T. Lewis.—We have to record the death of another of Kentucky's old physicians. Dr. John T. Lewis, long a practitioner of medicine in Lexington, and more recently in Carrollton, died at his residence in the latter place, on the 2d day of May, 1875, in the seventy-third year of his age.

Dr. Lewis was a native of Virginia, but at the time of his death had been a practicing physician in Kentucky more than fifty years. He was diligent, judicious, and conscientious in the discharge of duty, and was esteemed by the people and respected by his professional brethren wherever he lived.

THE INTERNATIONAL CONGRESS OF OPHTHALMOLOGY will meet in New York City on Tuesday, September 12, 1876, at twelve o'clock noon. The following extracts from the rules of the congress will give an idea of the general character of the society and of the terms of membership:

"1. The object of the International Periodic Congress of Ophthalmology is to promote ophthalmological sciences and to serve as a center to those who cultivate it. It will entertain no discussion foreign to this object.

"2. The number of members is unlimited.

"3. Every member must be either a doctor of medicine or of surgery or of science, or possess some other equivalent degree, or be distinguished for his scientific knowledge.

"4. Candidates for admission into the society shall be admitted on presentation of their diploma or of their scientific title, unless ten members demand a ballot.

"5. The sessions of the society shall take place every fourth year, and be limited to ten days.

"11. The society gives no diploma. Before the opening of each session a card available for admission to all the meetings, and signed by the president and secretary, shall be given to each member on payment of his subscription (fixed at two dollars) and upon signature of his name on the register of those attending the meeting."

Among the members of this congress are such men as Arlt and Stellwag, of Vienna; Giraud-Teulon, Wecker, and Javal, of Paris; Helmholtz, of Berlin; Wm. Bowman, George Critchett, R. Liebreich, J. W. Hulke, and Soelberg Wells, of London; Donders and Snellen, of Utrecht, Holland.

It is hoped that many of them will come to New York in 1876. The committee are making all efforts to secure a large attendance, and one that will leave its mark upon the progress of scientific ophthalmology. The co-operation of the profession of the United States in securing these objects is earnestly desired by the undersigned, the provisional committee appointed in London in 1872.

CORNELIUS R. AGNEW, M. D.,
HENRY D. NOYES, M. D.,
DANIEL B. ST. JOHN ROOSA, M. D.

PREGNANCY AFTER OVARIOTOMY.—Dr. George H. Bixby, of Boston, respectfully solicits from those members of the profession who have performed ovariotomy their experience in regard to pregnancy as occurring after that operation.

STATUE TO DR. WELLS.—The legislature of Connecticut and the city of Hartford have appropriated five thousand dollars each to erect a colossal bronze statue to Dr. Horace Wells, the discoverer of anæsthesia. A great many medical gentlemen have suggested that so laudable an undertaking should be participated in by the profession at large, realizing as we above all others do the immense benefits conferred upon ourselves, as well as mankind generally, by the discovery reverted to. Letters of inquiry may be addressed to Dr. E. K. Hunt, chairman of the Committee of the Hartford Medical Society. Subscriptions may be forwarded to Dr. G. W. Russell, treasurer, Hartford, Conn.

"CAN SUCH THINGS BE AND"—TAKE?—The Chinese are said to inoculate cow-pox by the following methods: 1. The pulverized virus is blown through a silver tube into the right nostril, if the patient be a boy, and into the left one in case of a girl. 2. A second and more modern method consists in dissolving the dry virus in four or five drops of clear water;

this is then taken up in a little cotton and thrust into the right or left nostril, according to sex, as above stated. 3. Fresh virus from a healthy child is applied on cotton, as described in No. 2.

THE COMING MEDICAL STUDENT.—This much-sought-after individual must, according to our great master, Dr. Gross, be, first, a gentleman; second, the possessor of a respectable amount of brains; third, the master of a good English education and a fair knowledge of Latin and Greek. If the third clause of these requirements is insisted on, there will be howling among the professorial corps from one end of the land to the other; and if it was made applicable to the teacher as well as to the taught, more than half the chairs in the schools would be emptied.

THE proprietorship of the New Orleans Medical and Surgical Journal has been transferred from Mr. Grisham to Messrs. Seymour and Stevens.

A ONE-HUNDRED-DOLLAR PRIZE is offered by Dr. S. D. Seelye, of Montgomery, Ala., for the best essay on Bright's disease. Competition to be open to the whole country, the award to be made by a committee of the state association of Alabama.

PROCEEDINGS OF SOCIETIES.—The third semi-annual meeting of the McDowell Medical Society was held at Hartford, Ky., in June last.

The following gentlemen were elected members: Drs. N. J. Rains, T. J. Shoemaker, C. W. Layton, T. J. Miller, and Tyler Griffin.

Dr. P. Thompson, of Henderson, presented a paper of interest on "The Improvements in Surgery." Referred to the Committee on Publication.

Dr. O. L. Drake, of Slaughtersville, chairman of the Committe on Obstetrics, presented a report which, after being read by the secretary, was referred to the Committee on Publication.

Dr. T. H. Luckett, of Owensboro, from the Committee on Hygiene, presented an excellent paper, entitled "The Application of Hygienic Measures to the Management of Disease," whieh was placed in the hands of the Committee on Publication.

Dr. J. Hale, of Owensboro, read a valuable contribution on "Zymotic Poison." Referred to the Committee on Publicetion.

Dr. I. H. Hodge, of Henderson, reported "Two Cases of Successful Operation for Strangulated Hernia."

Dr. J. W. Pritchett, of Madisonville, having announced the death of a deceased fellow, Dr. W. L. Jenkins, of Hanson's Station, it was resolved that a committee on necrology be appointed, whose duty it shall be to prepare a memoir of Dr. Jenkins, to be read at our next regular meeting. Drs. J. W. Pritchett, S. S. Watkins, and J. H. Letcher were appointed as the committee.

Dr. A. C. Wood, of Owensboro, president, delivered the annual address, which was listened to by a large and appreciative audience.

At the close of Dr. Wood's remarks several gentlemen spoke of the McDowell Memorial Fund, when it was moved that a committee of ten (one from each county represented in the society) be appointed, whose duty it shall be to solicit contributions for said purpose; this committee to make a quarterly report of progress, etc. The following gentlemen were appointed said committee: Drs. J. H. Letcher, J. F. Kimbley, Robert Taylor, T. J. Shoemaker, J. W. Pritchett, W. H. Hillsman, Amos Davis, O. L. Drake, R. M. Fairleigh, and G. W. Townes.

The following officers were elected for the ensuing twelve months: *President*—Dr. P. Thompson; *First Vice-president*—Dr. J. Hale; *Second Vice-president*—Dr. G. W. Townes; *Third Vice-president*—Dr. T. J. Shoemaker; *Fourth Vice-president*—Dr. Amos Davis; *Fifth Vice-president*—Dr. S. R. Nesbet; *Recording Secretary*—Dr. James H. Letcher; *Corresponding Secretary*—Dr. J. W. Pritchett; *Treasurer*—Dr. W. M. Hanna; *Committee on Publication*—Drs. E. H. Luckett, S. S. Watkins, J. F. Kimbley, W. M. Hanna (treasurer), and J. H. Letcher (recording secretary).

The newly-elected president returned his thanks, and added a few timely remarks touching the object of the organization, etc.

Dr. J. W. Pritchett reported a remarkable case of "Rupture of

the Uterus, with Recovery," which, together with a paper by Dr. J. B. Cook on "Presentation of the Breech and Inferior Extremities, and Use of the Forceps," was referred to the Committee on Publication. The latter paper elicited quite a lively discussion, which was participated in by many members of the association.

The following preamble and resolution, offered by Dr. J. B. Cook, of Henderson, were unanimously adopted:

"*Whereas*, Newspaper quackery has become of frequent occurrence in the medical profession, and there is a commendable effort being made on the part of some of the medical journals of our country to suppress the same, therefore be it

"*Resolved*, That we condemn in unmeasured terms the attempt on the part of any medical man to foist his name before the community in which he resides by publishing or allowing to be published in the newspapers a history or report of his cases or surgical operations."

The chair announced the following chairmen of standing and select committees: Arrangements, Dr. J. B. Cook; Improvements in Surgery, Dr. J. F. Kimbley; Improvements in Practical Medicine, Dr. G. B. Tyler; Use of Forceps, Dr. J. H. Hodge; Obstetrics, Dr. W. A. Jones; Public Hygiene, Dr. G. W. Townes; Summer Diseases of Children, Dr. J. B. Cook; Diseases of Women, Dr. R. M. Fairleigh; Finance, Dr. T. W. Taylor; Puerperal Fever, Dr. W. B. Furman; Typhoid Fever, Dr. J. Q. A. Stewart; Consumption, Dr. T. H. Moore; Syphilis, Dr. N. A. Kitchell; Uterine Diseases, Dr. S. S. Watkins; Pneumonia, Dr. C. B. Hayden; Strabismus, Dr. J. Hale; Jaundice, Dr. E. H. Luckett; Use and Action of Blisters, Dr. A. H. Bryant; Ophthalmia, Dr. A. C. Haynes; Croup, Dr. P. Thompson; Blood-letting, Dr. R. M. King; Malarial Diseases, Dr. Tyler Griffin; Fractures, Dr. C. H. Todd.

After the usual thanks, etc., the society adjourned to meet at Henderson the first Tuesday in December next.

Dr. Ed. B. Stevens, late editor of the Cincinnati Lancet, announces a new medical publication, the Central New York Journal of Medicine and Surgery, of which the first number will appear in September.